

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

Mr. Artist

SARMITE GRAVA

(Last Name Last)

Permanent  
Address

Street

City

44128

Tel. ( )

475-8618

Zip

Area Code

Temporary  
Address

Street

City

Tel. ( )

Zip

Area Code

Permanent address is in what county?

Cuyahoga

Born in Cuyahoga County  Yes  No

Collaborator

(If Any)

If entries are not accepted or not sold:

- Artist will pick up entries at Museum.  
 Museum should dispose of entries.  
 Museum should ship entries to artist C.O.D. at this address:  
\_\_\_\_\_  
\_\_\_\_\_

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

**THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.**

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature

Sarmite Grava

# ENTRY BLANKS

**1**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

*Watercolor*

Title

*Bouquet*

Price or NFS

NFS

Insurance Value  
If NFS Only~~\$300.00~~

Size

26" x 27"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price of Frame

DO NOT WRITE IN THIS SECTION

713 (1)

ACCEPTED

REJECTED

X

FEE PAID

BY

3/23

MB

**2**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

Title

Price or NFS

Insurance Value  
If NFS Only

Size

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price of Frame

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RECEIVED

BY

3/23

MB

DO NOT DETACH

1974 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

*Please keep address within this box for window envelope.*

Name	<i>Mrs Sarmite Grava</i>	
Address	<i>4530 Warrensville Chr Rd.</i>	
City & State	<i>N. Randall, Ohio</i>	<i>Zip 44128</i>

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your  
notification of acceptance or rejection.

# ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

DO NOT DETACH 

7-17-74 wa

Sonette Gray

**1**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

Watercolor

Title

Bouquet

DO NOT WRITE IN THIS SECTION

713 (1)

ACCEPTED

REJECTED

X

DO NOT DETACH 

**2**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED